

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>9/434440</i>	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51				
2		1				52				
3		2				53				
4		2				54				
5		2				55				
6		2				56				
7		2				57				
8		1				58				
9		1				59				
10		2				60				
11	1					61				
12		1				62				
13		1				63				
14		1				64				
15		1				65				
16		1				66				
17		1				67				
18		2				68				
19	1					69				
20		1				70				
21	1					71				
22		1				72				
23		1				73				
24		2				74				
25	1					75				
26		1				76				
27	1					77				
28		1				78				
29		1				79				
30		2				80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	6					TOTAL IND.				
TOTAL DEP.	33	←	→	→	←	TOTAL DEP.	←	→	←	→
TOTAL CLAIMS	39					TOTAL CLAIMS				